

**U.S. Senate**  
**Republican Policy**  
**Committee**

Larry E. Craig, Chairman  
Jade West, Staff Director

# Legislative Notice

Editor, Judy Gorman Prinkey

No. 8

April 16, 1997

## **H.R. 1003 – Assisted Suicide Funding Restriction Act of 1997**

H.R. 1003 passed the House on April 10 and is being held at the desk in the Senate.

### **NOTEWORTHY**

- At press time there was no unanimous consent agreement for the consideration of H.R. 1003. It was anticipated that the bill would be brought up at 1 p.m. today with three hours' debate, equally divided, with no amendments in order.
- H.R. 1003 would maintain current federal policy to prevent the use of federal funds and facilities to provide and promote assisted suicide. It would *not* nullify a decision by a state to legalize assisted suicide nor restrict state- or privately-financed assisted suicide.
- The bill is designed to address the possibility that assisted suicide may become lawful in some states. H.R. 1003 would ensure that if and when this occurs federal funds would not be available for that purpose.
- The bill describes assisted suicide as "items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual."
- H.R. 1003 passed the House on April 10, 1997, by a vote of 398 to 16 (H.Rept. 105-46).
- A similar Senate bill, S. 304, was introduced on February 12, 1997, and referred to the Committee on Finance. The measure has 32 cosponsors.
- The Clinton Administration "does not oppose enactment" of H.R. 1003.

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## BACKGROUND

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From the House report (H.Rept. 105-46), page 4:

"Almost all States ban assisted suicide either by statute or court decision. However, four State statutory bans are currently involved in litigation challenging such prohibitions. Among these legal actions are two cases currently before the U.S. Supreme Court, one before the Ninth Circuit Court of Appeals, and one before the Supreme Court of the State of Florida. [ \* \* \* ]

"Under current Federal law, policy, and practice, no Federal funds are used to provide or pay for assisted suicide. . . . In the event that ongoing legal actions could result in the legalization of assisted suicide in various States, H.R. 1003 reinforces current policy and clarifies Federal law by establishing current practice in Federal statute. Specifically, the provisions of H.R. 1003 preserve the current interpretation of Federal law that Federal funding may not be used to pay for items and services intended to cause or assist in causing the suicide, euthanasia, or mercy killing of a person. The Act does not, however, limit the availability or use of Federal funding relating to such practices of end-of-life care as the withholding or withdrawal of medical treatment, nutrition, or hydration. . . . In addition, H.R. 1003 would prohibit the use of Federal funds for advocacy to assist in or support assisted suicide . . . or to bring suit or provide any form of legal assistance [for that purpose]."

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## BILL PROVISIONS

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### Section 1. Short Title.

The short title of the bill is the "Assisted Suicide Funding Restriction Act of 1997."

### Section 2. Findings and Purpose.

Congress finds that the Federal Government provides financial support for health care activities and for advocacy to protect individual rights; that assisted suicide, euthanasia and mercy killing have been criminal offenses for which services cannot be lawfully provided; that such support might become legal in some areas due to recent legal developments; and Congress does not fund such activities and does not intend to support them.

The purpose of the Act is to continue current federal policy by providing explicitly that federal funds may not be used for items and services, including assistance, the purpose of which is to cause, or assist in causing, assisted suicide, euthanasia, or mercy killing.

### **Section 3. Restriction on the Use of Federal Funds Under Health Care Programs.**

This section prohibits the use of funds appropriated by Congress (1) to pay, directly or indirectly, as well as the use of any health care facility owned by the Federal Government, for any health care item or service furnished for the purpose of causing the death of any individual; (2) to pay (directly, through payment of federal financial participation or other matching payment, or otherwise) for such an item or service; or (3) to pay (in whole or in part) for health benefit coverage that includes any coverage of, or expenses relating to, any such item or service.

This prohibition expressly does *not* apply to or affect any limitation relating to the withdrawal or withholding of medical treatment or care, or of nutrition or hydration; abortion; or the provision of care for the purpose of alleviating pain or discomfort, even if the result is increased risk of death, so long as the purpose is not to cause death.

This prohibition specifically applies (but is not limited) to a number of federal programs, including the Social Security Act title V (Maternal and Child Care Health Services), title XVIII (Medicare), title XIX (Medicaid), and title XX (Block Grants to States for Social Services); the Public Health Service Act; the Indian Health Care Improvement Act; and provisions of federal law relating to federal employees, the military health care system, veterans' medical care, Peace Corps volunteers, and federal prisoners.

### **Section 4. Certain Grant Programs Under the Developmental Disabilities Assistance and Bill of Rights Act.**

The prohibition on use of funds for assisted suicide is applied to parts B, D, and E of the Developmental Disabilities Assistance and Bill of Rights Act.

### **Section 5. Restriction on Use of Federal Funds by Advocacy Programs.**

This section prohibits use of appropriated funds for any activity or service, including bringing suit or providing any form of legal assistance to provide any service for the purpose of assisted suicide, euthanasia, or mercy killing; compelling anyone to provide such services; or asserting or advocating a legal right to such services. A nonexclusive list of programs to which this prohibition applies includes the Protection and Advocacy for Mentally Ill Individuals Act of 1996, the Rehabilitation Act of 1973, the Older Americans Act of 1965, and the Legal Services Corporation Act.

### **Sections 6 through 10.**

These sections clarify the construction of the foregoing prohibitions with respect to other federal laws. Section 8 expressly provides for the application of the prohibition to *all* appropriated funds made available to the District of Columbia, including those raised within the District. Section 9 consists of conforming amendments to existing federal statutes.

## **Section 11. Effective Date.**

The provisions of the Act take effect upon enactment and apply to obligations incurred after that date.

## **Section 12. Suicide Prevention (Including Assisted Suicide).**

This section amends the Public Health Service Act to authorize grants and contracts for (1) research and projects to reduce the rate of suicide among persons with disabilities or terminal or chronic illness; and (2) demonstration projects to reduce restrictions on access to hospice programs or fund home health care services, community living arrangements, and attendant care services.

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### **ADMINISTRATION POSITION**

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On April 10, 1997, the Clinton Administration issued the following statement (in its entirety):

“The President has made it clear that he does not support assisted suicides. The Administration, therefore, does not oppose enactment of H.R. 1003, which would reaffirm current Federal policy prohibiting the use of Federal funds to pay for assisted suicides and euthanasia.”

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### **COST**

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The Congressional Budget Office estimates that enactment of this bill would have no budgetary impact.

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### **POSSIBLE AMENDMENTS**

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It is anticipated that no amendments to H.R. 1003 will be in order. However, if amendments are permitted, the following are possibilities:

Rockefeller. Federalizing living wills.

Wyden. Requiring medical schools to include end-of-life care in curricula.

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